

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (5-99)

1. CIR./DIST/ DIV. CODE	2. PERSON REPRESENTED <i>LOUIS Luyten</i>		VOUCHER NUMBER																																																													
3. MAG. DKT/DEF. NUMBER		4. DIST. DKT/DEF. NUMBER 2:10-CR-87-JLL-01	5. APPEALS DKT/DEF. NUMBER	6. OTHER DKT. NUMBER																																																												
7. IN CASE/MATTER OF (Case Name) USA v. <i>LOUIS Luyten</i>		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other:	10. REPRESENTATION TYPE (See Instructions) <i>CC</i>																																																												
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. <i>21:846 Conspiracy to distribute controlled substance</i>																																																																
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS <i>James P. Kimball</i>		13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Atty. <input checked="" type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: <i>Michael V. Calabro</i> Appointment Date: <i>March 23, 2009</i>																																																														
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) <i>Schepisi & McLaughlin, P.A. 473 Sylvan Avenue Englewood Cliffs, NJ 07632</i>		15. CLAIM FOR SERVICES AND EXPENSES <table border="1"> <thead> <tr> <th>CATEGORIES (Attach itemization of services with dates)</th> <th>HOURS CLAIMED</th> <th>TOTAL AMOUNT CLAIMED</th> <th>MATH/TECH. ADJUSTED HOURS</th> <th>MATH/TECH. ADJUSTED AMOUNT</th> <th>ADDITIONAL REVIEW</th> </tr> </thead> <tbody> <tr> <td>a. Arraignment and/or Plea</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Bail and Detention Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. Motion Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Trial</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Sentencing Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>f. Revocation Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>g. Appeals Court</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>h. Other (Specify on additional sheets)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(RATE PER HOUR \$)</td> <td></td> <td>TOTALS:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW	a. Arraignment and/or Plea						b. Bail and Detention Hearings						c. Motion Hearings						d. Trial						e. Sentencing Hearings						f. Revocation Hearings						g. Appeals Court						h. Other (Specify on additional sheets)						(RATE PER HOUR \$)		TOTALS:			
CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW																																																											
a. Arraignment and/or Plea																																																																
b. Bail and Detention Hearings																																																																
c. Motion Hearings																																																																
d. Trial																																																																
e. Sentencing Hearings																																																																
f. Revocation Hearings																																																																
g. Appeals Court																																																																
h. Other (Specify on additional sheets)																																																																
(RATE PER HOUR \$)		TOTALS:																																																														
16. OUT OF COURT In Court																																																																
a. Interviews and Conferences																																																																
b. Obtaining and reviewing records																																																																
c. Legal research and brief writing																																																																
d. Travel time																																																																
e. Investigative and other work (Specify on additional sheets)																																																																
(RATE PER HOUR \$)		TOTALS:																																																														
17. Travel Expenses (lodging, parking, meals, mileage, etc.)																																																																
18. Other Expenses (other than expert, transcripts, etc.)																																																																
GRAND TOTALS (CLAIMED AND ADJUSTED)																																																																
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION																																																												
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.																																																																
Signature of Attorney _____ Date _____																																																																
APPROVED FOR PAYMENT - COURT USE ONLY																																																																
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOT. AMT. APPR./CERT.																																																												
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE/MAG. JUDGE CODE																																																												
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED																																																												
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE																																																												